

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023780

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 4275

Registrar's No. 103

STATE FILE NUMBER

FILED JUN 25 1962

## 1. PLACE OF DEATH

a. COUNTY

Lawrence County

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MarionvilleLength of stay in lb  
15 mins.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Erb's Market on  
Highway # 60Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Christian

c. CITY OR TOWN Route 1 Marionville

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Route 1Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First William

Middle Loyd

Last Banker

4. DATE OF DEATH

Month June 13, 1962

Year

5. SEX  
Male6. COLOR OR RACE  
white7. Married ☒ Never Married ☐  
Widowed Divorced8. DATE OF BIRTH  
Jan. 28, 18939. AGE (last birthday)  
64IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Osceola, Iowa.12. CITIZEN OF WHAT COUNTRY  
U S A

13a. FATHER'S NAME

Riley Banker

13b. MOTHER'S MAIDEN NAME

Mattie Denly

14. NAME OF HUSBAND OR WIFE

Doris Banker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Doris Banker, R. 1. Marionville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Myocardial Infarction  
Congestive Failure  
ASCD

INTERVAL BETWEEN ONSET AND DEATH

5 min  
6 min  
10 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. ... Month, Day, Year p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 1962 and last saw her alive on 6/13/62  
Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE

June 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mapel Hill Cemetery

23d. LOCATION (City, town, or county)

Osceola, Iowa.

24. FUNERAL DIRECTOR

ADDRESS

Bradford-Surridge, Marionville, Mo.

25. DATE RECD. BY LOCAL REG.

6/14/62

26. REGISTRAR'S SIGNATURE

George Langley  
per A. Phillips

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0550

2 0220

3 1

4 0

5 1

6

7 1

8 2

9 4201

10

11

12 91-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William A. Fulk

Licensed Embalmer No. 4658

P. O. Address Marionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Embalmer's Signature*